APPLICATION FOR RESIDENTIAL RESALE/RENTAL PERMIT

Huron Charter Township 22950 Huron River Dr New Boston, MI. 48164 (734)753-4466 ext. 143 Fax (734)753-1246

AN ORDIANCE TO ESTABLISH MINIMUM STANDARDS GOVERNING THE STATE OF REPAIR AND MAINTENANCE OF RESIDENTIAL OR COMMERICAL DWELLINGS PRIOR TO RENTAL TO ESTABLISH PROCEDURES FOR REGISTERING & INSPECTING SUCH PREMISES, TO ESTABLISH SERVICE AND ADMINISTRATIVE FEES, AND TO PROVIDE A PENALTY FOR VIOLATON OF SAID ORDIANCES.

APPLICANT TO COMPLETE ALL ITEMS IN EACH SECTION

NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED AND PAID FOR EACH ADDRESS/UNIT INSPECTED

I. INSPECTION ADDRESS INFORMATION								
NAME		ADDRESS						
CITY	TOWNSHIP	COUNTY		ZIP CODE		PHONE #		
PARCEL#								
A. APPLICANT INFORMATION IF DIFFERENT FROM ABOVE								
NAME		ADDRESS						
CITY		STATE	ZIP CODE		TELEPHONE NUMBER			
II. TYPE OF INSPECTION								
☐ RESALE / \$2	DDES TWO (2) INSPECTIONS							
 → APPLICANT MUST PROVIDE THE BUILDING DEPT. WITH A COPY OF A CARBON MONOXIDE TEST COMPLETED BY A LICENSED CONTRACTOR → RESULTS MAY TAKE UP TO SEVEN BUSINESS DAYS → THE BUILDING IS NOT TO BE OCCUPIED WITHOUT A RESALE OR RENTAL CERTIFICATE SIGNATURE OF APPLICANT: 								
SIGNATURE OF AFFEIGANT.								

Do Not Write Below This Line

VII. VALIDATION - FOR DEPARTMENT USE ONLY					
APPROVAL SIGNATURE					
TITLE	DATE				